

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| | | | | |
|---|--|--|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 | | | | |
| B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 34785 - BROOKLINE <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 60%;">CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 35%; text-align: center;">60448169 RIRI</div></div> <div style="text-align: center; margin-top: 10px;">File with: Secretary of State, RI</div> | | | | |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY | | | | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201312220870 2/28/2013 SS RI | | | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 | |
| 2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement | | | | |
| 3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8 | | | | |
| 4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law | | | | |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <u>AND</u> Check <u>one</u> of these three boxes to: This Change affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b | | | | |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) | | | | |
| <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">6a. ORGANIZATION'S NAME</div><div style="width: 95%;">CLEVERHOOD LLC</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 35%; border-bottom: 1px solid black;">6b. INDIVIDUAL'S SURNAME</div><div style="width: 25%; border-bottom: 1px solid black;">FIRST PERSONAL NAME</div><div style="width: 25%; border-bottom: 1px solid black;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 10%; border-bottom: 1px solid black;">SUFFIX</div></div> | | | | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) | | | | |
| <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">7a. ORGANIZATION'S NAME</div><div style="width: 95%;"></div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 95%;">7b. INDIVIDUAL'S SURNAME</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%;"></div><div style="width: 95%;">INDIVIDUAL'S FIRST PERSONAL NAME</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%;"></div><div style="width: 85%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 10%;">SUFFIX</div></div> | | | | |
| <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 40%;">7c. MAILING ADDRESS</div><div style="width: 20%; border-bottom: 1px solid black;">CITY</div><div style="width: 10%; border-bottom: 1px solid black;">STATE</div><div style="width: 20%; border-bottom: 1px solid black;">POSTAL CODE</div><div style="width: 10%; border-bottom: 1px solid black;">COUNTRY</div></div> | | | | |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral: | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor | | | | |
| <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">9a. ORGANIZATION'S NAME</div><div style="width: 95%;">BANK RHODE ISLAND</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 35%; border-bottom: 1px solid black;">9b. INDIVIDUAL'S SURNAME</div><div style="width: 25%; border-bottom: 1px solid black;">FIRST PERSONAL NAME</div><div style="width: 25%; border-bottom: 1px solid black;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 10%; border-bottom: 1px solid black;">SUFFIX</div></div> | | | | |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: CLEVERHOOD LLC 60448169 Loan Servicing 725 - 0725 | | | | |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

201312220870 2/28/2013 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

| | | |
|----|---|--------|
| OR | 12a. ORGANIZATION'S NAME BANK RHODE ISLAND | |
| | | |
| | 12b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

| | | | | |
|----|--|---------------------|-------------------------------|--------|
| OR | 13a. ORGANIZATION'S NAME CLEVERHOOD LLC | | | |
| | 13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

CLEVERHOOD LLC - 95 CHESTNUT STREET SUITE 4D , PROVIDENCE, RI 02903

Secured Party Name and Address:

BANK RHODE ISLAND - 137 PITMAN STREET , PROVIDENCE, RI 02906

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

17. Description of real estate: